

Patterns and Trends in Drug Abuse in Los Angeles County, California: 2013

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ABSTRACT

A key finding in the Los Angeles area in this reporting period was the continuing increase in methamphetamine indicators. In addition, there was local concern about the misuse of prescription opioids. Indicators for prescription opioids were mixed, both in terms of prevalence and change from earlier periods. Cocaine accounted for 7 percent of Los Angeles County alcohol and other drug (AOD) treatment admissions in the first half of 2013, and 18 percent of drug reports from items seized and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories in 2013 contained cocaine. These proportions continued decreasing trends for cocaine. For the first half of 2013, 20 percent of primary treatment admissions in Los Angeles County were for heroin; this was a slight decrease from 2012 levels. Heroin reports among drug items analyzed by NFLIS laboratories in 2013 constituted 6 percent of total reports, representing a slight increase from 2012. Heroin and/or morphine were detected in 18 percent of Los Angeles County coroner toxicology cases in 2013; this was a decrease from 2012. Three percent of primary treatment admissions in the first half of 2013 were for other opioids (excluding heroin), a proportion similar to 2012 levels. Hydrocodone, oxycodone, and codeine together accounted for approximately 2 percent of reports among drug items analyzed by NFLIS laboratories in 2013, a proportion similar to 2012. Such narcotic analgesics were more prevalent among coroner toxicology cases (23 percent in 2013, with little change from 2012). Benzodiazepines, tranquilizers, and sedatives together accounted for a very small percentage (0.3 percent) of total primary treatment admissions in the first half of 2013. However, benzodiazepines or barbiturates were detected in 11 percent of 2013 coroner toxicology cases, similar to 2012 levels. For the first half of 2013, 19 percent of AOD primary treatment admissions were for methamphetamine; this was an increase from 2012. Thirty-five percent of NFLIS drug reports among analyzed drug items were identified as methamphetamine; this was an increase from 2012 levels, ranking it first among types of substances reported. Increasing trends in methamphetamine were also noted in emergency department admissions, coroner toxicology cases, and poison control system reports. Marijuana was reported as the primary drug for 27 percent of Los Angeles County treatment admissions in the first half of 2013, a proportion similar to 2012 levels. Marijuana/cannabis was identified in 31 percent of reports from items analyzed by NFLIS laboratories in 2013, representing a decrease from 2012. Several other substances remained at low levels across indicators, including MDMA (3,4-methylenedioxymethamphetamine), synthetic cathinones, piperazines (e.g., BZP [1-benzylpiperazine] and TFMPP [1-(3-trifluoromethylphenyl)piperazine]), tryptamines (e.g., "Foxy methoxy"), and synthetic cannabinoids.

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INTRODUCTION

Area Description

Los Angeles County is the most populous county in the Nation (with the 2013 estimated population at 10,017,068, which was a 0.7-percent increase from 2012). Estimated U.S. Census data for 2012 show that approximately 26 percent of California's residents live in Los Angeles County. One-half of all Los Angeles County residents are female (50.7 percent); 24.1 percent are younger than 18; and 11.1 percent are 65 or older. The racial and ethnic composition of Los Angeles County residents is diverse, with 48.7 percent reporting Hispanic ethnicity; 27.3 percent are non-Hispanic White. Other racial categories (which could also include Hispanic ethnicity) included 13.5 percent Asian, 8.1 percent Black/African-American, and 2.4 percent other race/ethnicity or multiethnic.

Los Angeles County encompasses approximately 4,752 square miles, including land and ocean/island areas. It is bordered by the Pacific Ocean (with more than 70 miles of mainland coastline), and Ventura, Kern, San Bernardino, and Orange Counties. Los Angeles County is a mix of heavily urbanized areas, suburbs, and rural inland areas in the northern and eastern areas of the county, and the county includes portions of the Mojave Desert and San Gabriel Mountains (highest peak is 10,068 feet). There are 88 cities in Los Angeles County and 140 unincorporated areas. The Los Angeles County government worked with a budget of more than \$24.7 billion in 2013–2014.

Data Sources

This report describes drug abuse-related indicators in Los Angeles County for 2013 (or most recent data available), as well as trends in selected indicators for several available years prior to and including 2013. Information was collected from the following sources:

- **Drug treatment data** were reported from the California Outcomes Monitoring System (CalOMS) and its predecessor, the California Alcohol and Drug Data System (CADDs) for 2004–June 2013. The most recent statistics correspond to Los Angeles County alcohol and other drug (AOD) treatment program admissions for January–June 2013 (as available in November 2013). In January 2006, there was a change in the statewide substance abuse treatment program admission/discharge data system, from CADDs to CalOMS. Because of this system change, data collected prior to 2006 may not be exactly comparable to the more recent data. While trends for major substances appear to retain reasonable validity, the reader is nevertheless cautioned when interpreting these statistics. Treatment providers receiving public funding report all of their admissions (whether public or private) to CalOMS. All programs providing narcotic replacement therapy must report admissions to CalOMS (whether or not the program receives public funding).
- **Drug analysis results from local forensic laboratories** were derived from the Drug Enforcement Administration's (DEA's) National Forensic Laboratory Information System (NFLIS). The statistics correspond to reports of drugs identified (primary, secondary, or tertiary) among drug items seized and analyzed by NFLIS laboratories in 2013 for Los Angeles County.
- **Drug prices** were derived from U.S. Department of Justice sources. Prices were reported by the Los Angeles County Regional Criminal Information Clearinghouse (LA CLEAR) in reports for the third quarter of 2013 and the first quarter of 2014. The prices included in this report reflect the best estimates of the analysts in the Research and Analysis Unit at LA CLEAR and reported in National

Drug Intelligence Center publications. The price estimates are based primarily on field reports, interviews with law enforcement agencies throughout the Los Angeles High Intensity Drug Trafficking Area, and post-seizure analysis.

- **Drugs detected in Los Angeles County coroner toxicology cases** were extracted from data provided by the Los Angeles County Coroner's Office for 2013. Preliminary data for January–March 2014 are also reported for major substances. Percentages reflect fractions of the total number of cases for which toxicology tests were conducted (i.e., not just drug-related deaths). Each case may have more than one drug detected; therefore, percentages should not be summed across drug categories.
- **Demographic and geographic data** were accessed from the California Department of Finance, Demographic Research Unit, and the U.S. Census Bureau (*State and County Quick-Facts*), from 2013 estimated total population and for 2012 estimated demographic figures.
- **Emergency department (ED) visits for nonfatal cases with AOD as primary diagnosis** were accessed from the California Department of Public Health, EpiCenter CA Injury Data Online (most recent [2012] data accessed May 30, 2014). Incidents include poisoning (“overdose”), mental disorder, and physical disease in which AOD was reported as principal diagnosis, but they do not include indirect consequences, such as injuries due to drug or alcohol impairment. Rates are number of relevant incidents per 100,000 population.
- **Drugs reported in poison control center calls** are summarized from data from the California Poison Control Center for 2013 through December 17 (referred to as “2013 data” in this report) and for January–April 7, 2014 (with reference to older reports from the same source).

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

Of Los Angeles County treatment admissions in the first half of 2013, 6.8 percent ($n=1,431$) reported crack or powder cocaine as the primary drug of abuse; this represents a continuing decrease from previous years (from 12.6 percent in 2009 with gradual declines to 7.5 percent of total admissions in 2012) (exhibit 1). As a percentage share of the total admissions, cocaine admissions in the first half of 2013 were the lowest since a peak (for the period 2000–2013) of 19.3 percent in 2002.

The majority (63.1 percent) of primary cocaine admissions in the first half of 2013 was male, slightly above levels for 2012 (60.5 percent male) (exhibit 2 for January–June 2013 distributions; earlier demographic data not shown in exhibits). Non-Hispanic Blacks continued to represent a majority of cocaine admissions (at 66.8 percent of the total in the first half of 2013), followed by Hispanics (at 18.5 percent), and non-Hispanic Whites (at 11.0 percent). Among substances accounting for more than 1.0 percent each of first half 2013 admissions, cocaine displayed the highest percentage of Blacks; for cocaine/crack admissions, Blacks were substantially overrepresented compared with their general representation across all treatment admissions (22.6 percent). Cocaine admissions were predominantly age 35 and older (with this age group constituting 78.6 percent of cocaine admissions), with the percentage in this age group higher than for any other primary substance for admission. Primary cocaine admissions were more likely than admissions for other drugs to report being homeless at admission (at 28.7 percent). More than one-half (58.5 percent) had earned a high school diploma/

GED or reported post-high school educational levels. At the time of admission, 7.6 percent were employed full- or part-time. Demographic characteristics of primary cocaine admissions were relatively stable as compared with 2012.

Primary cocaine treatment admissions were more likely than treatment admissions for any other major illicit substances to report a secondary substance (59.9 percent). The most common secondary substance reported was alcohol (for 29.8 percent of cocaine admissions), followed by marijuana (for 20.7 percent). Smoking was the predominant reported route of administration (for 84.1 percent); another 12.2 percent of cocaine admissions reported inhalation. Only 2.9 percent of cocaine admissions reported intravenous drug use of any drug in the year prior to admission (exhibit 2). Of the first half of 2013 primary cocaine admissions, 43.1 percent reported no previous admission to treatment in the California public treatment system (exhibit 2).

Data from NFLIS for 2013 showed that of the 37,463 drug reports among items seized and analyzed by participating laboratories within Los Angeles County, 17.8 percent were found to contain cocaine/crack (exhibit 3); this was a decrease from 20.2 percent in 2012. Cocaine/crack ranked third among drug reports from drug items analyzed by NFLIS laboratories for the county, with a proportion lower than those for marijuana and methamphetamine.

Cocaine was detected in 11.0 percent of Los Angeles County coroner toxicology cases in 2013, a proportion close to 2012 levels (11.4 percent) but slowing a downward trend (19.3, 13.7, and 12.1 percent in 2009, 2010, and 2011, respectively) (data not shown in exhibits). This was a lower proportion of cases than for narcotic analgesics, heroin/morphine, or methamphetamine. Cocaine proportions were similar to those for antidepressants and benzodiazepines. Preliminary data for the first quarter of 2014 suggest a possible attenuation of the downward trend, with cocaine detected in 11.9 percent of toxicology cases.

In 2012 (the most recent year available), the ED visit rate for cocaine as a primary diagnosis among nonfatal ED visits in Los Angeles County was 7.2 per 100,000 population, a rate consistent with 2011 levels (data not shown in exhibits).

Cocaine was reported in 1.3 percent of 2013 Los Angeles County poison control center calls, a proportion similar to 2012 (1.4 percent) (data not shown in exhibits). All illicit drugs together accounted for 10.9 percent of the 4,608 total poison control center calls through December 17, 2013. Preliminary data for January–April 7, 2014, show that cocaine was reported in 1.4 percent of poison control center calls.

Wholesale prices for powder cocaine remained at high levels in the third quarter of 2013 (\$24,000–\$26,000 per kilogram) and the first quarter of 2014 (\$23,500–\$27,000), similar to prices in late 2012. Retail prices were lower in the third quarter of 2013 (\$40–60 per gram) and the first quarter of 2014 (\$40 per gram) than in late 2012 (\$40–\$100 per gram).

Heroin

In the first half of 2013, 4,171 Los Angeles County treatment admissions reported heroin as the primary drug. These heroin admissions represented 19.8 percent of Los Angeles County admissions (exhibit 1). This percentage was very slightly lower than in the 3 previous years (20.3, 20.6, and 20.4 percent, for 2012, 2011, and 2010, respectively).

In the first half of 2013, as in previous years, heroin admissions were predominantly male (72.0 percent) and were most likely to be non-Hispanic Whites (52.5 percent), a slightly lower proportion than in 2012 (54.6 percent). Hispanics accounted for 34.7 percent of heroin admissions. Non-Hispanic Blacks accounted for 7.4 percent (exhibit 2), a proportion slightly higher than in 2012 (6.6 percent). Heroin admissions remained predominantly age 35 and older (constituting 54.8 percent of heroin admissions); this proportion represented a continuing decreasing trend for this age group (from 74.5 percent in 2007 to 56.2 percent in 2012). Commensurately, an increase was observed for the 18–25 age group, from 9.0 percent in 2008 to 19.9 percent in 2011, to 20.1 percent in 2012, and to 20.5 percent in the first half of 2013. Nineteen percent of primary heroin admissions were homeless at the time of admission in 2013. The employment rate (including full- or part-time at time of admission) for heroin admissions was 13.0 percent in 2013. High school graduation/GED or higher education levels were reported by 64.5 percent of 2013 heroin clients. Among heroin admissions, 60.7 percent listed no secondary substance of abuse. However, methamphetamine was the most commonly reported secondary substance (at 11.9 percent), followed by cocaine/crack (at 6.0 percent). Injection use was reported as the primary route of administration by 78.9 percent of heroin admissions in 2013, representing an increase from 71.4 percent in 2012; smoking was reported by 15.0 percent. Approximately one-fourth (25.1 percent) indicated that they had not previously participated in drug treatment (exhibit 2).

Of 37,463 NFLIS drug reports for Los Angeles County in 2013, 6.2 percent ($n=2,307$) were found to contain heroin (exhibit 3); this proportion was a slight increase from 2012 (5.2 percent). Heroin ranked fourth for both Los Angeles County and the Nation as a whole among drug reports from drug items seized and analyzed by NFLIS laboratories in 2013.

Heroin and/or morphine were detected in 17.8 percent of Los Angeles County coroner toxicology cases in 2012, which was an increase from the previous 3 years (16.2, 15.7, and 14.0 percent in 2010, 2011, and 2012, respectively). In the first quarter of 2014, preliminary data showed that heroin/morphine was detected in 16.8 percent of the toxicology cases.

The ED visit rate for the general category of opioids as a principal diagnosis (not distinguished in the data source by subcategory, e.g., heroin or other opioids) among 2012 nonfatal ED visits was 18.2 per 100,000 population, which was an increase from 14.7 per 100,000 in 2010 and 17.4 per 100,000 in 2011.

Heroin was reported in 1.1 percent of 2013 Los Angeles County poison control center calls; this proportion was slightly higher than the 0.8 percent in 2012 but within a fluctuating pattern ranging from 0.6 to 1.1 percent over the 5-year period from 2008 to 2012. Preliminary data from 2014 through April 7 showed heroin was reported in 1.2 percent of calls.

According to LA CLEAR, the wholesale price per kilogram of the most prevalent type of heroin in Los Angeles, Mexican black tar, remained high but more variable in the third quarter of 2013 (\$20,000–\$32,000) and the first quarter of 2014 (\$20,000–\$25,000) than in 2012. After an increase in retail prices in late 2012, heroin retail prices remained relatively high and variable during the third quarter of 2013 (\$55–\$100 per gram) and then decreased by the first quarter of 2014 (\$40 per gram).

Other Opioids/Narcotic Analgesics

Other opiates/synthetics (this category label is used for treatment admissions data, and refers to opioids other than heroin or methadone) continued to constitute a small percentage ($n=659$, or 3.1

percent) of Los Angeles County treatment admissions in the first half of 2013. Other opiates/synthetics represented a relatively small share of admissions when compared with other major substances of abuse. While admissions showed a gradual but continuing upward trend from 2005 to 2012 (1.0–3.3 percent), 2013 figures suggest a possible attenuation of that trend (exhibit 1).

In 2013, hydrocodone was identified as the most prevalent drug among pharmaceuticals, prescription drugs, or noncontrolled medications (in contrast to illicit substances) identified by NFLIS laboratories in drug reports among analyzed drug items for Los Angeles County. The drug constituted 0.8 percent ($n=289$) of NFLIS reports, ranking sixth among all drug reports for Los Angeles County (exhibit 3). Codeine was identified in 0.6 percent ($n=211$) of reports among items analyzed, and oxycodone was identified in 0.5 percent ($n=199$) of the total Los Angeles County NFLIS drug reports in 2013. These two drugs ranked 9th and 10th, respectively, among Los Angeles County NFLIS drug reports. Small percentages of items (less than 0.1 percent for each) were identified as containing methadone, hydromorphone, buprenorphine, oxymorphone, fentanyl, and morphine.

Narcotic analgesics (not including heroin/morphine) were detected in 22.8 percent of Los Angeles County coroner toxicology cases in 2013; this was a slight change from 23.4 percent in 2012 and 22.9 percent in 2011. Narcotics were identified in a larger proportion of toxicology cases than were other specific categories of drugs, including cocaine, heroin/morphine, methamphetamine, antidepressants, THC (tetrahydrocannabinol, an active ingredient in marijuana), or benzodiazepines. Considering more specific narcotic analgesics, hydrocodone was detected in 8.7 percent of toxicology cases in 2013, along with codeine in 6.7 percent, oxycodone in 4.9 percent, methadone in 4.3 percent, and other narcotic analgesics in 3.5 percent. In the first quarter of 2014, preliminary data showed that narcotic analgesics (other than heroin/morphine) were detected in 24.2 percent of the toxicology cases.

Narcotic analgesics were reported in 17.0 percent of 2013 Los Angeles County poison control center calls, with little change from the 2011 and 2012 levels of 17.6 and 17.5 percent, respectively. Of these 2013 narcotic analgesic-related calls, 69.1 percent were for hydrocodone products and 14.7 percent were for oxycodone products. Preliminary data for January–April 7, 2014, show that narcotic analgesics were reported in 17.9 percent of poison control center calls.

A decrease in street prices continued in the third quarter of 2013 for small quantities of OxyContin® (\$10–\$14 per 80-milligram tablet, down from approximately \$80 per 80-milligram tablet in early 2012 and \$20–\$30 for the same quantity near the end of 2012). Prices remained stable in the first quarter of 2014.

Benzodiazepines, Barbiturates, and Sedative/Hypnotics

In the first half of 2013, treatment admissions associated with primary barbiturate, benzodiazepine, or other sedative/hypnotic abuse continued to account for a very small percentage of all admissions in Los Angeles County (0.5 percent, data not shown in exhibits), with little change from 2012.

The most frequently identified benzodiazepine among drug reports from items analyzed in NFLIS laboratories in Los Angeles County in 2013 was alprazolam ($n=278$, or 0.7 percent), ranking seventh among total reports (exhibit 3). In 2013, benzodiazepines and/or barbiturates were detected in 11.2 percent of Los Angeles County coroner toxicology cases, a proportion similar to 2012 levels. The sedatives category accounted for a rate of 22.4 per 100,000 population among ED visits in 2012,

which was consistent with 2011; these rates continued a generally increasing trend from a rate of 15.9 per 100,000 in 2006; sedatives had a higher rate than amphetamines, cocaine, opioids, or marijuana/cannabis.

Benzodiazepines were reported in 22.1 percent of 2013 Los Angeles County poison control center calls, a proportion similar to 2012 levels. Preliminary data for January–April 7, 2014, recorded a very slight increase in benzodiazepine-related calls, at 23.1 percent of poison control center calls.

Methamphetamine/Other Amphetamines

Methamphetamine accounted for 18.8 percent ($n=3,979$) of admissions to Los Angeles County substance abuse treatment programs in the first half of 2013, continuing a gradual increase from 2011 (when such calls constituted 16.3 percent) (exhibit 1). Other amphetamines were reported as the primary substance in less than 0.1 percent of the total treatment admissions.

Compared with admissions for other major illicit drugs, primary methamphetamine admissions had the largest proportion of females (at 49.1 percent) (exhibit 2), a proportion similar to 2012 (49.0 percent). Methamphetamine admissions were most likely to be Hispanic (60.9 percent, which was an increase from 57.6 percent in 2012). Hispanics constituted a larger proportion of methamphetamine admissions than they did for admissions for other drugs. Non-Hispanic Whites constituted 27.5 percent of methamphetamine admissions; which represented a declining percentage from 2012 (30.3 percent). There was broad age diversity across methamphetamine admissions: clients age 18–25 constituted 22.9 percent; clients age 26–34 constituted 34.8 percent; and clients 35 or older represented 36.0 percent. More than one-half (52.1 percent) of methamphetamine admissions reported education levels of high school graduate/GED or higher; more than one-fourth (27.8 percent) were homeless at admission. The employment rate (part- or full-time) at admission was at 9.6 percent for methamphetamine admissions in the first half of 2013.

While 44.6 percent of methamphetamine admissions reported no secondary substance problem, 27.0 percent reported marijuana, and 18.9 percent reported alcohol as a secondary substance problem (exhibit 2). Smoking continued as the most frequently mentioned route of administration by primary methamphetamine admissions (77.2 percent); 8.1 percent reported injection, and 12.1 percent reported inhalation as the primary route of administration. Past-year injection drug use (of any drug) was reported by 12.8 percent of primary methamphetamine admissions. Of primary methamphetamine admissions in the first half of 2013, 44.8 percent reported no previous treatment admission (exhibit 2).

According to NFLIS data, based on 37,463 drug reports from drug items analyzed in NFLIS laboratories in Los Angeles County in 2013, 34.9 percent ($n=13,067$) were identified as methamphetamine (exhibit 3), accounting for the largest proportion of reports for the county. This was a substantial increase from 2011 and 2012 levels (22.2 and 27.6 percent, respectively).

Methamphetamine was detected in 22.6 percent of Los Angeles County coroner toxicology cases in 2013, representing an increase from 18.3 percent in 2012, 15.4 percent in 2011, and 14.0 percent in 2010. In the first quarter of 2014, preliminary data showed that methamphetamine was detected in 23.8 percent of the toxicology cases.

Among nonfatal ED visits in 2012, the category of amphetamines (including, but not distinguishing, methamphetamine) was the primary diagnosis at a rate of 20.9 per 100,000 population, continuing an increasing trend (from 10.3 per 100,000 in 2009, 14.7 per 100,000 in 2010, and 17.5 per 100,000 in 2011).

Methamphetamine was reported in 3.4 percent of 2013 Los Angeles County poison control center calls, the largest percentage among illicit drugs and continuing an increasing trend from 1.2 percent in 2008 and 3.1 percent in 2012. Preliminary data for January–April 7, 2014, show that methamphetamine was reported in 4.3 percent of poison control center calls.

The wholesale price of methamphetamine decreased by the third quarter of 2013 (\$4,000–\$8,800 per pound) and the first quarter of 2014 (\$3,500–\$8,000) from the 2012 price (at approximately \$8,000–\$11,000 per pound). This followed substantial earlier decreases in 2008–2009. Retail prices in the third quarter of 2013 (\$100–\$150 per one-eighth ounce) continued a decreasing trend that began in 2011 but then stabilized in the first quarter of 2014 (\$100–\$150).

Marijuana

Marijuana's percentage share of all Los Angeles County treatment admissions has steadily increased from 2004 through the first half of 2013, from 13.9 to 27.2 percent, respectively ($n=5,742$ admissions in the first half of 2013) (exhibit 1). Approximately two-thirds of the primary marijuana admissions were male (65.5 percent) (exhibit 2). Marijuana admissions had the largest proportion of clients younger than 18 (56.6 percent, compared with 1.3 percent for cocaine, 0.4 percent for heroin and 6.3 percent for methamphetamine). Consistent with the generally younger age for marijuana admissions than for those for other primary drugs, marijuana admissions had the lowest percentage of high school graduation/GED (22.7 percent) or higher education. Marijuana admissions also had low rates of employment (4.8 percent full- or part-time). Approximately 6.3 percent of marijuana admissions were homeless at the time of admission. A majority of marijuana admissions were Hispanics (at 56.1 percent), followed by non-Hispanic Blacks (at 31.1 percent), proportions similar to 2012 distributions. Of the major illicit substances, the smallest percentage of non-Hispanic Whites (8.7 percent) was reported for marijuana.

While 56.8 percent of primary marijuana admissions reported no secondary drug problem, alcohol was identified as a secondary drug problem for 30.1 percent; methamphetamine was a secondary problem for 7.9 percent; cocaine/crack was a secondary problem for 2.7 percent. Smoking was the predominant route of administration reported by marijuana treatment admissions (97.5 percent) (exhibit 2). More than three-fourths (77.1 percent) were entering treatment for the first time (exhibit 2).

According to NFLIS data from 37,463 drug reports for Los Angeles County in 2013, 30.5 percent ($n=11,413$) were found to contain marijuana/cannabis (exhibit 3). Marijuana/cannabis was the second most frequently identified substance among drug items seized and analyzed by NFLIS laboratories in Los Angeles County, and there was a continuing decrease from 2011 and 2012 levels for Los Angeles County (from 36.7 and 34.7 percent, respectively).

THC was detected in 19.6 percent of Los Angeles County coroner toxicology cases in 2013; this proportion continued an upward trend from 2010 (12.4 percent), 2011 (14.8 percent), and 2012 (15.9 percent). In the first quarter of 2014, preliminary data showed that THC was detected in 22.8 percent of the toxicology cases.

In 2012, marijuana/cannabis was reported as a primary diagnosis in nonfatal ED visits with a rate of 11.5 per 100,000 population; this represented a very slight decrease from a rate of 12.1 per 100,000 in 2011 and followed an increase from 3.2 per 100,000 in 2006.

Marijuana was reported in 2.6 percent of 2013 Los Angeles County poison control center calls; preliminary data for January–April 7, 2014, show that marijuana was reported in 3.3 percent of calls. These figures suggest a continuation of a generally increasing trend for marijuana-related calls from 1.4 percent in 2008.

The wholesale prices of Mexican low-grade marijuana remained low at \$100–\$400 per pound in the third quarter of 2013 and in the first quarter of 2014. Wholesale prices for high-grade domestic marijuana remained stable (at \$1,700–\$3,200 per pound).

Other Drugs

MDMA (3,4-Methylenedioxymethamphetamine)

Very few admissions to treatment for substance abuse in Los Angeles County in the first half of 2013 reported ecstasy (MDMA) or other “club drugs,” (including, e.g., GHB [gamma hydroxybutyrate], ketamine, or Rohypnol®), as the primary drug of abuse (0.2 percent, data not shown in exhibits).

According to NFLIS, 0.7 percent ($n=253$) of drug reports from drug items analyzed in Los Angeles County were identified as containing MDMA in 2013 (exhibit 3), a proportion similar to 2012 levels. MDMA was more likely to be found in Los Angeles County NFLIS reports (ranking 8th) than in the Nation as a whole (where it ranked 25th). MDMA or MDA (3,4-methylenedioxyamphetamine) were identified in 12 Los Angeles County coroner toxicology cases in 2013. MDMA was reported in 0.8 percent of 2013 Los Angeles County poison control center calls, continuing a decreasing trend from 2.4 percent of the total in 2010.

At the wholesale level in the third quarter of 2013 and in the first quarter of 2014, MDMA prices were approximately \$2,500–\$3,000 per “boat” (1,000 pills); this was similar to 2007–2012 prices. At the retail level, ecstasy sold for \$9–\$10 per tablet, a price slightly lower than the \$10–\$12 price in 2007–2012.

PCP (Phencyclidine) and Hallucinogens

PCP and other hallucinogens accounted for 0.4 percent of the reported primary drugs among Los Angeles treatment admissions in the first half of 2013, with little change from 2010–2012 levels (data not shown in exhibits). According to NFLIS data, 0.8 percent ($n=310$) of the 2013 drug reports for Los Angeles County contained PCP (exhibit 3); this placed the drug in fifth rank among all drugs identified by NFLIS in Los Angeles (as in 2012). PCP was identified in 0.9 percent of Los Angeles County coroner toxicology cases in 2013. PCP was reported in 0.3 percent of 2013 Los Angeles County poison control center calls and remained at that level through April 2014.

Wholesale prices for a gallon of PCP in the third quarter of 2013 and in the first quarter of 2014 ranged from \$12,000 to \$17,000, similar to 2012 prices. Retail prices have also remained stable, with 2007 to 2014 levels at \$300–\$350 per ounce or \$10–\$20 for a “sherm” cigarette dipped in liquid PCP.

Other Pharmaceuticals (Including Stimulants and Antidepressants)

Other stimulants (including prescription stimulants, such as methylphenidate) accounted for a very small percentage (less than 0.1 percent) of treatment admissions in the first half of 2013 (data not shown in exhibits). Antidepressants were detected in 11.9 percent of Los Angeles County coroner toxicology cases in 2013.

Other Substances, Including Other “Club Drugs”

Small percentages (less than or equal to 0.2 percent for each type) of Los Angeles County 2013 drug reports from items analyzed in NFLIS laboratories contained other “club drugs,” including GHB (and its precursor, gamma hydroxybutyrolactone, $n=76$) and ketamine ($n=35$). Gabapentin, GHB, and/or ketamine were identified in 2.6 percent of Los Angeles County coroner toxicology cases in 2013.

NFLIS reports also included various piperazines ($n=17$, including BZP [1-benzylpiperazine] and TFMP [1-(3-trifluoromethylphenyl)piperazine]) and tryptamines ($n=4$, for dimethyltryptamine [DMT]) (data not shown in exhibits). BZP was detected in 1.7 percent of Los Angeles County coroner toxicology cases in 2013.

Synthetic Cathinones and Cannabinoids

Reports of cathinones ($n=60$) remained relatively low among 2013 NFLIS drug reports for Los Angeles County, as have reports of various synthetic cathinones ($n=71$, including 4-MEC [4-methyl-N-ethylcathinone], MDPV [Alpha-pyrrolidinophenylpiperazine], methylone, and ethylone). Cathinones were reported at very low levels (constituting 0.2 percent of 2013 Los Angeles County poison control center calls, and 0.6 percent in preliminary 2014 data).

NFLIS data indicated 26 reports of synthetic cannabinoids among drug items seized and analyzed; this was a decrease from 46 in 2012. Synthetic cannabinoids were reported in 0.5 percent of 2013 Los Angeles poison control center calls (and 0.4 percent in early 2014); this was a decrease from 1.1 percent of the total in 2012.

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Exhibit 1. Frequency and Percentage of Annual Treatment Admissions, by Primary Drug of Abuse, Los Angeles: 2004–June 2013¹

Primary Drug	2004 Freq. (%)	2005 Freq. (%)	2006 Freq. (%)	2007 Freq. (%)	2008 Freq. (%)	2009 Freq. (%)	2010 Freq. (%)	2011 Freq. (%)	2012 Freq. (%)	2013¹ Freq. (%)
Cocaine	9,261 (18.0)	8,418 (17.1)	9,421 (17.2)	8,354 (16.2)	8,662 (15.6)	6,690 (12.6)	4,717 (9.7)	3,906 (8.5)	3,416 (7.5)	1,431 (6.8)
Heroin	12,283 (23.9)	9,997 (20.3)	10,969 (20.0)	10,150 (19.6)	10,250 (18.5)	9,978 (18.8)	9,940 (20.4)	9,417 (20.6)	9,256 (20.3)	4,171 (19.8)
Marijuana	7,130 (13.9)	7,681 (15.6)	9,121 (16.6)	9,469 (18.3)	11,031 (19.9)	12,222 (23.0)	11,696 (24.0)	11,356 (24.8)	12,256 (26.9)	5,742 (27.2)
Methamphetamine	11,235 (21.8)	12,875 (26.1)	13,414 (24.5)	11,853 (22.9)	10,564 (19.0)	9,399 (17.7)	7,994 (16.4)	7,451 (16.3)	7,710 (16.9)	3,979 (18.8)
PCP (Phencyclidine)	365 (0.7)	278 (0.6)	279 (0.5)	281 (0.5)	289 (0.5)	314 (0.6)	270 (0.6)	266 (0.6)	227 (0.5)	86 (0.4)
Other Opiates/ Synthetics	956 (1.9)	510 (1.0)	1,013 (1.8)	1,161 (2.2)	1,253 (2.3)	1,315 (2.5)	1,373 (2.8)	1,454 (3.2)	1,504 (3.3)	659 (3.1)
Other (Includes Alcohol)	10,200 (19.8)	9,516 (19.3)	10,362 (18.9)	10,161 (19.7)	13,481 (24.3)	13,118 (24.7)	12,772 (26.2)	11,886 (26.0)	11,243 (24.6)	5,048 (23.9)
Total Admissions	51,430 (100.0)	49,275 (100.0)	54,784 (100.0)	51,662 (100.0)	55,530 (100.0)	53,036 (100.0)	48,762 (100.0)	45,736 (100.0)	45,612 (100.0)	21,116 (100.0)

¹Note that 2013 figures are for 6 months, January–June.

SOURCE: Los Angeles County Alcohol and Drug Program Administration, California Outcomes Monitoring System (CalOMS)

Exhibit 2. Demographic Characteristics of Primary Treatment Admissions for Selected Illicit Drugs of Abuse, by Percentage, Los Angeles County: 2013¹

Demographic	Cocaine/ Crack	Heroin	Marijuana	Metham- phetamine	All Admissions ²
Gender³					
Male	63.1	72.0	65.5	50.9	61.3
Female	36.8	28.0	34.5	49.1	38.6
Race/Ethnicity					
Non-Hispanic White	11.0	52.5	8.7	27.5	28.2
Non-Hispanic Black	66.8	7.4	31.1	6.7	22.6
Hispanic	18.5	34.7	56.1	60.9	43.8
American Indian	0.4	0.7	0.4	0.9	0.8
Asian/Pacific Islander	1.5	1.3	1.5	1.9	1.9
Other	1.8	3.4	2.2	1.5	2.7
Age at Admission					
17 and Younger	1.3	0.4	56.6	6.3	20.2
18–25	6.0	20.5	20.1	22.9	17.1
26–34	14.1	24.3	11.1	34.8	20.2
35 and Older	78.6	54.8	12.2	36.0	42.5
Route of Administration					
Oral	2.3	1.8	2.2	1.7	28.1
Smoking	84.1	15.0	97.5	77.2	50.2
Inhalation	12.2	3.6	0.2	12.1	4.0
Injection	0.5	78.9	0.0	8.1	17.2
Unknown/Other	0.9	0.7	0.2	0.9	0.5
Secondary Substance⁴					
None	40.1	60.7	56.8	44.6	56.1
Alcohol	29.8	7.2	30.1	18.9	15.6
Cocaine/Crack	—	6.0	2.7	4.0	4.1
Heroin	1.0	—	0.3	2.6	1.0
Marijuana	20.7	5.4	—	27.0	11.8
Methamphetamine	5.4	11.9	7.9	—	6.6
Past-Year Injection Drug Use	2.9	79.0	0.7	12.8	19.2
Homeless	28.7	19.0	6.3	27.8	16.6
Employed Full- or Part-Time	7.6	13.0	4.8	9.6	8.7
Graduated from High School	58.5	64.5	22.7	52.1	49.1
First Treatment Episode	43.1	25.1	77.1	44.8	52.8
Total Admissions (N)	(1,431)	(4,171)	(5,742)	(3,979)	(21,116)

¹Data are for January–June 2013.

²Total also includes alcohol and other drugs.

³Less than 1.0 (0.06) percent reported “other” gender and were not included in this table; percentages may not total exactly 100 percent.

⁴Other secondary drugs are not listed in this table; percentages may not add to 100.

SOURCE: Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, California Outcomes Monitoring System (CalOMS)

Exhibit 3. The Most Common Drug Reports Among Drug Items Analyzed by NFLIS Laboratories, by Number and Percentage of Total Reports, Los Angeles County, and Rankings for Los Angeles County and the United States: 2013¹

Drug (Los Angeles Ranking)	Number	Percentage	Los Angeles Rank²	U.S. Rank²
Methamphetamine	13,067	34.9	1	1
Marijuana/Cannabis	11,413	30.5	2	3
Cocaine	6,653	17.8	3	2
Heroin	2,307	6.2	4	4
PCP (Phencyclidine)	310	0.8	5	22
Hydrocodone	289	0.8	6	6
Alprazolam	278	0.7	7	7
MDMA (3,4-Methylenedioxy-methamphetamine)	253	0.7	8	25
Codeine	211	0.6	9	28
Oxycodone	199	0.5	10	5
Other	2,483	6.6	—	—
Total	37,463	100.0	—	—

¹Data are for January–December 2013.

²Ranks exclude “negative results” and “unknown.”

SOURCE: NFLIS, DEA, May 9, 2014